

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

-----X Case No.: CV-07-2433  
ANAND DASRATH

Plaintiff,

**PLAINTIFF'S AFFIDAVIT**

-against-

ROSS UNIVERSITY SCHOOL OF  
MEDICINE

Defendant.

-----X

ANAND DASRATH, being duly sworn, deposes and alleges as follows:

1. I am the Plaintiff in the instant action and make this affidavit in support opposing the Defendant Ross' Motion to Dismiss the complaint.

2. In May of 2004, at the age of forty-six, I enrolled as a medical student at the Defendant's school of medicine, which is known as Ross University School of Medicine and is mainly located on the island of Domenica in the West Indies. At that time, I was one of the oldest members of my class.

3. After successfully completing my first two years at Ross, I enrolled in the "AICM" which stands for "Advanced Introduction to Clinical Medicine" course in the 2006 Spring semester, my fifth semester, at the Defendant's school of medicine located in Miami, Florida (after studying the first two years on the island of Dominica). I completed the AICM course, curiously however, I did not receive a grade for the course. My May 2006 transcript had a "blank space" where the grade should have been for the AICM course. I subsequently demanded that Ross furnish me with my AICM grade, but I was continually denied. Further, I had been denied my right to inspect school records regarding my academic performance as well as the scantron sheets containing the submitted answers of the examinations.

4. I did speak to Dr. Enrique Fernandez, the director for the AICM course and Assistant Dean of Clinical Science, and was advised by Dr. Fernandez that I received a “94%” on the physical exam. Upon hearing that, I became even more perplexed, as well as suspicious, why the school was not releasing my grade.

5. In March of 2006, I submitted an application to take the United States Medical Licensing Examination “USMLE” Step 1. My application indicated that I passed all five (5) parts of the AICM course, included a certification by an official of the Defendant medical school that I was enrolled in the Defendant school of medicine, as well as a sealed stamp attached to my passport photo identification. The certification contained the defendant school of medicine’s sealed rubber stamp certifying my application. A letter was forwarded by Ms. Brijette Sena, associate Registrar of Clinical Sciences informing her that I had passed the NBME exam and that I was eligible to take the USMLE Step 1 Exam. Lastly, an application fee of \$695 was paid and accepted by the Defendant along with my application for the USMLE Step 1 examination. See exhibit A attached to Memorandum of Law.

6. On or about June 29, 2006, Defendant notified me that I had been “Administratively Withdrawn” from Ross “for failure to register for the May 2006 AICM course” and without notifying me further, withdrew its sponsorship of me for the USMLE Step 1 examination. See exhibit B attached.

7. On August 14, 2006, I received my grade for the AICM course, which was listed as an “F”. According to the Defendants Handbook at page 13 “Students become eligible to take the USMLE Step I when they have passed all courses in the Basic Science Curriculum, successfully completed the Advanced Intergration to Clinical Medicine clerkship, and, have

passed the NBME Comprehensive Basic Sciences Exam. The results of the USMLE examination I had previously taken were to be released the following day on August 15, 2006.

8. It is suspicious, to say the least, as to how the Defendant Ross certified my application to take the USMLE exam, which a passing grade for the AICM course is required, and then subsequently claimed that I failed the AICM course. I believe that during my tenure as a student at Defendant's school of medicine, my grades were changed, withheld, and/or inaccurately reported. I earnestly believe and conclude that this was done due to my status as an older student and that it was wholly intentional on the Defendant Ross's part.

9. My contention is that the Defendant consistently and systematically discriminates against its older students due to its limited ability of placing its students in hospital training programs, which follow the passing of the USMLE exam, and its preference in placing its younger students in hospital training programs and thus making it either difficult, or as in my case, preventing me from completing the requisite steps to complete my studies and gain admittance in a hospital training program.

10. If allowed to proceed at trial, it will be demonstrated that your affiant was wrongly denied his sponsorship for the USMLE and placement in the clinical program. The reason being that the Defendant Ross' administrative office realized that it did not have enough clinical placement sites in the hospital for all of its eligible students of the Spring 2006 AICM class in Miami. Many of the Defendant's students had already been waiting several months for clinical placements to begin their clinical training. Your affiant was subsequently withdrawn by the Defendant. I was the oldest member of my class. Nearly all of the other older students were already similarly withdrawn before they got to the clinical level of study.

11. I contend this is no coincidence, but rather a well conceived process whereby the Defendant discards its older students due to its need to conserve its limited placement for its younger, and more easily placed, students. As a result, myself, as well as other students, have been victimized by an age discrimination practice.

12. In addition to age discrimination, the Defendant is clearly in breach of contract. I contracted with Defendant and paid Defendant tuition in consideration of Defendant preparing me to become a licensed medical doctor eligible to practice medicine in the United States. Pursuant to the contract, Defendant was to accurately record my grades and sponsor me to take the USMLE Step 1 examination.

13. In March of 2006 I submitted an application to take the USMLE Step 1 Examination. My application, as more fully described in paragraph "7," was accepted by the Defendant medical school. On June 29, 2006 the Defendant notified me that I was administratively withdrawn from the Defendant's school of medicine and that the Defendant subsequently withdrew its sponsorship for the USMLE Step 1 examination. Moreover, the Defendant effectively blocked the release of the USMLE score on August 14, 2006, which was the day before the score was scheduled to be released. On the very same day, I received a failing grade for the AICM course, after four (4) months of being denied access to my grade for that course. The other students received their AICM grades in April of 2006.

14. The Defendant not only was in breach of its contractual obligation in administratively withdrawing your affiant from its school of medicine without justification but, it was in violation of its own academic rules and regulations. As stated herein, your affiant was a certified candidate at the time he sat for the USMLE Step 1 exam. On page 9 of the Student Handbook, it states "Following the 12-week AICM, there is a 17-week scheduled break during

which students remain fully enrolled”. The Defendant Ross withdrew your affiant during this 17 week period. See exhibit A.

15. In their moving papers the Defendant cites page 23 of the Student Handbook, which states administrative withdrawal is required when the student “does not return to campus to register for the following semester”. I, however, had completed all of the basic science courses given at the Dominican campus and, therefore, was not in that category of students. I was in the second phase of the curriculum, which was the clinical phase, and was classified by the school to be in that phase. See exhibit E

16. Against this background, it is quite clear that the Defendant breached the contractual agreement by wrongfully administratively withdrawing your affiant in contradiction to its own guidelines and when without any justification or valid reason withdrew its sponsorship for the USMLE exam after it had accepted Plaintiff’s application and duly certified Plaintiff to take said exam.

17. It would appear that the Defendant’s only explanation is the bogus and incredible assertion that your affiant failed the AICM course, thus justifying its withdrawal of sponsorship for the USMLE. This assertion cannot be taken seriously when one acknowledges that my AICM grade was withheld for four (4) months and all attempts by me to obtain my AICM grade was thwarted by the Defendant Ross itself, that I was certified and initially sponsored by Ross to take the USMLE Step I , and that my application was accepted. Lastly, the Defendant claims I was administratively withdrawn for no registering for the new semester when I was on the appropriate 17 week break. Against this background, it is hard to see any merit in the Defendant’s allegations. At the very least, I should be allowed to take the case to trial.

18. The Defendant has also engaged in fraud. The Defendant made false representations to me regarding my grades on the AICM course. On August 14, 2006 the Defendant released my AICM grade and listed it as an "F", a failing grade. Yet, I passed all five parts of the AICM course and was in possession of those passing grades.

19. The Defendant falsely represented in its June 29, 2006 letter signed by Michael Rendon, the University Registrar that I was being administratively withdrawn from the defendant's school of medicine for failing to register for the May 2006 AICM course. The assertion in that letter is false and in contradiction to the Defendant Ross school of medicine's rules and regulations.

20. The Defendant's Dean of Clinical Studies, Nancy Perri has falsely represented that she had reviewed my grades from the five part AICM course and her assertion that I failed is false. Dr. Perri reviewed the grades in secrecy and without including the Academic Review Committee, as well as not allowing your affiant "The right to inspect and review the student's record" as mandated on page 25 of the Student Handbook. Furthermore, this was done in violation of the U.S. Family and Educational Rights and Privacy Act (FERPA), which Defendant Ross adopted as part of its administrative procedures in page 25 of the Student Handbook mentioned herein. Thus, Dr. Perri rode roughshod over the Defendant's own procedures and safeguards in order to falsely issue the failing grade, a fraudulent and knowingly untrue act.

21. The foregoing false representations were committed in furtherance of the Defendant's ongoing practice of denying its older students placement in hospital training due to their limited placement opportunities. The Defendant's falsely withheld and then misrepresented my grade in the AICM course as a means of having the results of the USMLE exam blocked in

order to avoid attempting to place your affiant in a training program so that its preferred younger students would have a better chance to be placed in said program.

22. The Defendant succeeded in blocking your affiant in advancing and succeeding in his medical studies due to its false representations and ongoing fraudulent behavior. The Defendant also intentionally interfered with the contract that was formed between the parties. The defendant accepted your affiant to its school of medicine, enrolled him in same and accepted tuition money and in return was to provide your affiant with an education and accurately and timely report my grades based on my performance. Thus, a valid contract and/or agreement between the parties were formed.

23. The defendant intentionally interfered with this contract by administratively withdrawing the your affiant from its school of medicine without any justification and in violation of its own rules and regulations, intentionally interfered with the contracted by withdrawing its sponsorship of the USMLE exam after it had accepted and certified my application for said exam, failed and refused to provide your affiant with his grades, to wit: his overall grade in the AICM course. As a result of Defendant's intentional interfered with said contract/agreement and your affiant was unable to complete his studies as he deserved to.

24. In June of 2006 I contacted the United State Attorney for New Jersey regarding the events described herein and was advised that because a grade had been issued that the attorney general would not investigate my claim of an ADA violation and I was further instructed to file a complaint in court, of which I did in the Supreme Court of New York, Queens County. That case was subsequently dismissed by the Supreme Court for procedural reasons, as well as the fact that my previous attorney brought the action in the wrong court.

26. I also contacted the State attorney General in New Jersey and the Department of Health and Human Services in February of 2009 and made an complaint regarding the ADA claim. Both agencies, however, informed that they would not hear my claim. see Exhibits C and D attached.

27. The Defendant Ross had also had many notifications regarding my age discrimination claim against them, most notably at a January 9, 2008 status conference in court where the allegations in this action were fully discussed.


28. I do believe, however, that by notifying the U.S. Attorney in New Jersey and bringing a previous action in court against the defendant Ross, as well as attempting to make a claim with the appropriate agencies against Ross I did comply with the intent of any notice requirements required in bringing an ADA claim.

25. For the reasons set forth herein the Defendant Ross' motion to dismiss the complaint should be denied in its entirety.



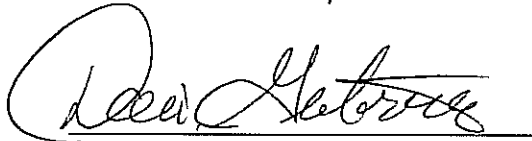
<sup>10</sup>  
Dated: September 4, 2009

Brooklyn, New York

  
ANAND DASRATH

Sworn to before me this

10th day of September, 2009

  
NOTARY PUBLIC

DORI GUTIERREZ  
NOTARY PUBLIC STATE OF NEW YORK  
NO. 01GU6187394  
QUALIFIED IN KINGS COUNTY  
COMMISSION EXPIRES 05/19/2012





**UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)**  
**2006 STEP 1, STEP 2 CLINICAL KNOWLEDGE (CK), AND/OR STEP 2 CLINICAL SKILLS (CS)**  
**APPLICATION FORM**

FOR INTERNATIONAL MEDICAL STUDENTS/GRADUATES REGISTERED BY THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES  
 TELEPHONE: (215) 386-5900 INTERNET: [www.ecfm.org](http://www.ecfm.org)

This application is valid through August 31, 2006. See instructions.

**MAILING INSTRUCTIONS:**

via regular mail to:  
 Educational Commission for Foreign Medical Graduates  
 PO Box 48087  
 Newark, NJ 07101-4887 USA

OR

via courier service to:  
 ECFMG  
 c/o Image Remit  
 205 North Center Drive  
 Commerce Center  
 North Brunswick, NJ 08902 USA

**VERY  
IMPORTANT**

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**1. THE ECFMG® REPORTER:**

Applicants who supply their e-mail addresses to us as part of the application process will automatically receive the ECFMG® Reporter newsletter, *The ECFMG® Reporter*. *The ECFMG® Reporter* provides important information on the certification process and entry into graduate medical education in the United States, as well as information on services and programs offered by other organizations in connection with the education in the United States.

*The ECFMG® Reporter* is a free publication. ECFMG will not share *The ECFMG® Reporter* with any parties. Interested individuals can join or leave *The ECFMG® Reporter* subscriber list at any time by visiting the ECFMG website at [www.ecfm.org/reporter/subscribe.html](http://www.ecfm.org/reporter/subscribe.html) or by writing to: Director of Communications, ECFMG, 3624 Market Street, Philadelphia, PA, 19104-2685, USA.

If you do not wish to receive *The ECFMG® Reporter*, check the box at right. ☐

Please note that ECFMG may share certain information contained in your application with other organizations under specified circumstances. For further information regarding ECFMG's data collection and privacy practices, please refer to our Privacy Policy available on the ECFMG website at [www.ecfm.org/anncc/privacy.html](http://www.ecfm.org/anncc/privacy.html).

**2. EXAMS FOR WHICH YOU ARE APPLYING:**

Indicate the exam(s) for which you are applying with this application. Check all that apply:

☒ Step 1 ☐ Step 2 CK ☐ Step 2 CS

**PART A — BIOGRAPHICAL INFORMATION**

**3. ECFMG EXAMINATION HISTORY:**

Refer to the instructions for this item. If you do not answer accurately, this may result in a finding of irregular behavior.

Have you ever submitted an application to ECFMG for any examination, even if you did not take the examination? ☐ Yes ☒ No

If you have been assigned a USMLE/ECFMG Identification Number, complete either 3.A or 3.B:

3.A Enter your USMLE/ECFMG Identification Number: 0-704-162-7 OR 3.B Check here if you do not know your number. ☐

**4. NAME (PRINT CLEARLY):**

A N A N D

First Name(s)

E M A N U E L

Middle Name(s)

D A S R A T H

Last Name (Surname/Family Name)

**4.1 NAME ON MEDICAL DIPLOMA (Pertains to graduates only):**

First Name(s)

Middle Name(s)

Last Name (Surname/Family Name)

Note: See instructions if this name does not match the name in your ECFMG record.

Name: DASRATH, ANAND EMANUEL Enter your USMLE/ECFMG Identification Number, if one has been assigned to you: 0-704-162-7  
(Last, First, Middle - as entered in item 4)

**PART A — BIOGRAPHICAL INFORMATION (Continued)**

**5. CONTACT INFORMATION (PRINT CLEARLY):**

E-MAIL ADDRESS: ANAND\_DASRATH @ YAHOO.COM

A 89-25 209 STREET

D Address

D QUEENS VILLAGE

R Address Continued

E NEW YORK

S City (Include Postal Code if required for non-U.S. address.)

State/Province

11427

Zip Code/Postal Code (for U.S. address)

USA

Country

718

Country Code

4689421

City/Area Code

718

Telephone Number

4689421

City/Area Code

4689421

Fax Number

**6. U.S. SOCIAL SECURITY AND/OR NATIONAL IDENTIFICATION NUMBERS:**

107589913

U.S. Social Security Number

National Identification Number

Country

**7. BIRTHDATE/BIRTHPLACE:**

Day 12 Month 11 Year 1957

Location: City: CORENTYNE

State/Province: BERBICE

Country: GUYANA

**8. GENDER:**

☒ Male ☐ Female

**9. NATIVE LANGUAGE:**

ENGLISH

**10. OTHER LANGUAGES SPOKEN:**

Provision of the following information is voluntary. See instructions.

10.1 Do you speak a language or languages other than English at home? ☐ Yes ☒ No  
If Yes, complete item 10.2.

10.2 What language(s) do you speak at home? (check all that apply)

☐ Spanish

☐ Italian

☐ Chinese

☐ Vietnamese

Specify (ex: Mandarin, Cantonese, Wu, etc.):

☐ Korean

☐ French

☐ Russian

☐ German

☐ Arabic

☐ Tagalog

☐ Other Specify:

**11. CITIZENSHIP:**

11.1 At Birth: ☐ USA or ☒ Other (Specify) GUYANESE

11.2 Upon Entering Medical School: ☒ USA or ☐ Other (Specify) AMERICAN BY NATURALIZATION

11.3 Now: ☒ USA or ☐ Other (Specify)

**12. ETHNICITY:**

Provision of the following information is voluntary. See instructions for details. Check all that apply:

1 ☐ American Indian/Alaska Native

5 ☐ Black or African American

2 ☐ Asian

6 ☐ White

3 ☐ Native Hawaiian or Other Pacific Islander

7 ☒ Other

4 ☐ Hispanic or Latino

2006

Name: DASRATH, ANAND EMMANUEL Enter your USMLE/ECFMG Identification Number, if one has been assigned to you: 071041627  
(Last, First, Middle - as entered in item 4)

## PART B — REGISTRATION INFORMATION

**STEP 1 AND/OR STEP 2 CK APPLICANTS ONLY**  
**COMPLETE ITEMS 13 THROUGH 16**

2006

**13. EXAMINEES WITH DOCUMENTED DISABILITIES:**

I have a documented disability and am covered under the Americans with Disabilities Act. I am requesting test accommodations for the exams (Step 1 and/or Step 2 CK) selected below. ☐ Yes ☒ No

**14. STEP 1: Fill in completely one circle each for eligibility period and testing region.****14.1 Eligibility Period — select one:**

- ☐ November 1, 2005 – January 31, 2006\*
- ☐ December 1, 2005 – February 28, 2006\*
- ☐ January 1, 2006 – March 31, 2006\*
- ☐ February 1, 2006 – April 30, 2006
- ☐ March 1, 2006 – May 31, 2006
- ☒ April 1, 2006 – June 30, 2006
- ☐ May 1, 2006 – July 31, 2006
- ☐ June 1, 2006 – August 31, 2006
- ☐ July 1, 2006 – September 30, 2006
- ☐ August 1, 2006 – October 31, 2006
- ☐ September 1, 2006 – November 30, 2006
- ☐ October 1, 2006 – December 31, 2006

\*USMLE Step 1/Step 2 CK are not offered during the first two weeks in January.

**14.2 Testing Region — select one:**

| REGION                                                                             | SURCHARGE |
|------------------------------------------------------------------------------------|-----------|
| <input checked="" type="radio"/> United States and Canada                          | \$0       |
| <input type="radio"/> Africa<br>(For Egypt, select Middle East testing region.)    | \$120     |
| <input type="radio"/> Asia<br>(For India, select India testing region.)            | \$120     |
| <input type="radio"/> Australia                                                    | \$120     |
| <input type="radio"/> China<br>(For Hong Kong, select Asia testing region.)        | \$120     |
| <input type="radio"/> Europe                                                       | \$150     |
| <input type="radio"/> India                                                        | \$120     |
| <input type="radio"/> Indonesia                                                    | \$120     |
| <input type="radio"/> Japan                                                        | \$290     |
| <input type="radio"/> Korea                                                        | \$150     |
| <input type="radio"/> Latin America                                                | \$120     |
| <input type="radio"/> Middle East<br>(For Tel Aviv, select Europe testing region.) | \$120     |
| <input type="radio"/> Taiwan                                                       | \$150     |
| <input type="radio"/> Thailand                                                     | \$120     |

**14.3 Fees**

**14.3.1 Step 1 Exam Fee** \$ 695.00

**14.3.2 International Test Delivery Surcharge** + 00.00  
(For United States and Canada, enter \$0.)

**14.3.3 Step 1 Subtotal** = \$ 695.00

**15. STEP 2 CK: Fill in completely one circle each for eligibility period and testing region.****15.1 Eligibility Period — select one:**

- ☐ November 1, 2005 – January 31, 2006\*
- ☐ December 1, 2005 – February 28, 2006\*
- ☐ January 1, 2006 – March 31, 2006\*
- ☐ February 1, 2006 – April 30, 2006
- ☐ March 1, 2006 – May 31, 2006
- ☐ April 1, 2006 – June 30, 2006
- ☐ May 1, 2006 – July 31, 2006
- ☐ June 1, 2006 – August 31, 2006
- ☐ July 1, 2006 – September 30, 2006
- ☐ August 1, 2006 – October 31, 2006
- ☐ September 1, 2006 – November 30, 2006
- ☐ October 1, 2006 – December 31, 2006

\*USMLE Step 1/Step 2 CK are not offered during the first two weeks in January.

**15.2 Testing Region — select one:**

| REGION                                                                             | SURCHARGE |
|------------------------------------------------------------------------------------|-----------|
| <input type="radio"/> United States and Canada                                     | \$0       |
| <input type="radio"/> Africa<br>(For Egypt, select Middle East testing region.)    | \$130     |
| <input type="radio"/> Asia<br>(For India, select India testing region.)            | \$130     |
| <input type="radio"/> Australia                                                    | \$130     |
| <input type="radio"/> China<br>(For Hong Kong, select Asia testing region.)        | \$130     |
| <input type="radio"/> Europe                                                       | \$165     |
| <input type="radio"/> India                                                        | \$130     |
| <input type="radio"/> Indonesia                                                    | \$130     |
| <input type="radio"/> Japan                                                        | \$315     |
| <input type="radio"/> Korea                                                        | \$165     |
| <input type="radio"/> Latin America                                                | \$130     |
| <input type="radio"/> Middle East<br>(For Tel Aviv, select Europe testing region.) | \$130     |
| <input type="radio"/> Taiwan                                                       | \$165     |
| <input type="radio"/> Thailand                                                     | \$130     |

**15.3 Fees**

**15.3.1 Step 2 CK Exam Fee** \$ 695.00

**15.3.2 International Test Delivery Surcharge** + 00.00  
(For United States and Canada, enter \$0.)

**15.3.3 Step 2 CK Subtotal** = \$ 695.00

**16. STEP 1/STEP 2 CK SUBTOTAL:**

Add the subtotals from 14.3.3 and 15.3.3 and enter total at right.

\$ 695.00

PART B CONTINUES ON PAGE 4.

Name: DASRATH, ANAND EMANUEL Enter your USMLE/ECFMG Identification Number, if one has been assigned to you: 07041627  
 (Last, First, Middle - as entered in item 4)

**PART B — REGISTRATION INFORMATION (Continued)**

**17. APPLYING FOR STEP 2 CS:**

I am applying for Step 2 CS. ☐ Yes ☐ No

**STEP 2 CS APPLICANTS ONLY**  
**COMPLETE ITEMS 18 THROUGH 20**

**18. ELIGIBILITY PERIOD, TEST CENTER, AND REGISTRATION DOCUMENTS**

**18.1 ELIGIBILITY PERIOD:**

Applicants registered for Step 2 CS are assigned a twelve-month eligibility period that begins on the date that the registration process is complete and must take the exam within their assigned eligibility period. See page 23 of the 2006 Information Booklet.

**18.2 CLINICAL SKILLS EVALUATION CENTERS:**

Clinical skills evaluation centers for Step 2 CS are located in Atlanta, Georgia; Chicago, Illinois; Houston, Texas; Los Angeles, California; and Philadelphia, Pennsylvania in the United States. You will select your test center when you schedule your testing appointment.

**18.3 PREFERRED TEST CENTER:**

Select the test center where you plan to take the exam. This information will be used only to forecast demand for test centers. Completing this item does not select your test center. See instructions.

☐ Atlanta ☐ Houston ☒ Philadelphia  
☐ Chicago ☐ Los Angeles

**18.4 PREFERRED TESTING MONTH:**

Enter the month and year during which you plan to take the exam. This information will be used only to forecast demand for the exam throughout the year. Completing this item does not select your testing month/year. See instructions.

5 / 2006  
 MONTH YEAR

**18.5 SCHEDULING PERMIT:**

Once you are registered for Step 2 CS, ECFMG will e-mail your Step 2 CS scheduling permit to the e-mail address in your ECFMG record. If you are unable to receive your scheduling permit by e-mail, check the box below, and your scheduling permit will be sent to you via postal mail.

☐ I am unable to receive my scheduling permit by e-mail. Send my scheduling permit via postal mail.

**18.6 VISA LETTER:**

See instructions before completing this item.

☐ I am requesting a visa letter to be sent to me by postal mail, after completion of my registration.

**19. EXAMINEES WITH DOCUMENTED DISABILITIES:** I have a documented disability and am covered under the Americans with Disabilities Act. I am requesting test accommodations for Step 2 CS. See instructions. ☐ Yes ☐ No

**20. STEP 2 CS SUBTOTAL:**

The Step 2 CS Fee is \$1,200. If applying for Step 2 CS, enter \$1,200 at right.

\$ 0, 0 0 0 0

**ALL APPLICANTS**  
**COMPLETE ITEMS 21 THROUGH 28**

**21. TOTAL FEE(S) FOR ALL EXAMS:**

Add the subtotals from 16 and 20 and enter total at right.

\$ 0, 6 9 5 0 0

**22. PAYMENT**

If you have a USMLE/ECFMG Identification Number, you can pay the required fees on-line using OASIS on the ECFMG website.

OR

You can also complete the following payment form and submit it with your application.

Payment of the required fees is due at the time of application.

For Office Use Only

ACCOUNT

APR - 7 2006

CREDITED

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Name: DASRATH, ANAND EDMANUEL Enter your USMLE/ECFMG Identification Number, if one has been assigned to you. 0-704-162-7  
(Last, First, Middle -- as entered in item 4)

### PART C — MEDICAL EDUCATION AND EMPLOYMENT INFORMATION

#### 23. MEDICAL SCHOOL NAME AND ADDRESS:

List the exact name and address of the medical school from which you graduated or expect to graduate.

Official Name of Medical School ROSS UNIVERSITY SCHOOL OF MEDICINE  
OFFICE OF THE REGISTRAR  
Street Address P.O. BOX 256, PORTSMOUTH, VERMONT, VT  
C/O ADMINISTRATIVE OFFICES  
City 499 THORNALL ST., 10th FLOOR, EDISON, NJ 08837 State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Country \_\_\_\_\_ University Name (if applicable) \_\_\_\_\_

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#### 23.1 MEDICAL SCHOOL INFORMATION:

- Attendance Dates: (Dates you entered the medical school listed in Item 23 and completed, or will complete, requirements for final medical diploma): From 5 / 2004 to 3 / 2008  
MONTH YEAR MONTH YEAR
- Number of Years Attended/Will Attend: 4
- Date you graduated (or expect to graduate): 3 / 2008  
MONTH YEAR
- Date your medical diploma was issued (or is expected to be issued): 3 / 2008  
MONTH YEAR
- Title of Medical Degree you received or will receive Doctor of Medicine  
Refer to the Reference Guide for Medical Education Credentials on pages 53-57 of the 2006 Information Booklet for a list of the medical degrees required by ECFMG.
- Are you required to complete an internship prior to receiving your medical diploma? ☐ Yes ☒ No  
If yes, enter the start and end dates of the internship: From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
MONTH YEAR MONTH YEAR

#### 23.2 STATUS OF MEDICAL SCHOOL STUDENT — Must be completed by all students:

Students must answer both questions:

- Will you have completed the basic medical science component of your medical school curriculum by the beginning of your assigned eligibility period (see PART B: 14.1, 15.1, and/or 18.1)? ☒ Yes ☐ No
- Are you now officially enrolled in medical school and, at the time you take the exam, will you either still be officially enrolled or have graduated from medical school? ☒ Yes ☐ No

**23.3 MEDICAL SCHOOL DIPLOMA — Must be completed by all graduates:** If you have graduated from medical school, you must include two photocopies of your medical diploma if you have not sent them previously. If you graduated from medical school but your medical diploma has not yet been issued, you must submit with your application a letter signed by your Medical School Dean, Vice Dean, or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma, and states the date (month and year) your medical diploma will be issued. Additionally, the name on your medical diploma must match the name in your ECFMG record. If the name on your medical diploma does not match the name you entered in item 4, you must submit legal documentation that verifies the name on your diploma is/was your name. (See Provision of Credentials and Translations on page 34 of the 2006 Information Booklet.)

Graduates must check one:

- ☐ I have graduated from medical school and am enclosing the ECFMG Medical Education Credentials Submission Form (Form 344), Medical School Release Request (Form 345), two photocopies of my medical diploma, and a photograph.
- ☐ I have graduated from medical school and have previously submitted to ECFMG photocopies of my medical diploma.
- ☐ I have graduated from medical school, but my medical diploma has not yet been issued. I am enclosing the ECFMG Medical Education Credentials Submission Form (Form 344); Medical School Release Request (Form 345); a letter from my medical school that confirms I graduated, have met the requirements to receive my medical diploma, and states the date my medical diploma will be issued; and a photograph.

Note: ECFMG requires copies of the original language medical diploma or letter from the medical school. If the medical diploma or letter is not in English, you must also submit an official English translation. Your application will be rejected if you graduated from medical school and have not submitted photocopies of your medical diploma or a letter from your medical school that confirms your graduation (as described above).

#### 24. OTHER MEDICAL SCHOOL(S) ATTENDED — Continue on a separate sheet of paper, if necessary:

List the names, addresses, dates of attendance, and number of years attended for all other medical schools you attended.

Official Name of Medical School \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Country \_\_\_\_\_ University Name (if applicable) \_\_\_\_\_  
Attendance Dates: From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Number of Years Attended: \_\_\_\_\_  
MONTH YEAR MONTH YEAR

#### 24.1 TRANSFER CREDITS:

Did you transfer academic credits from any school(s) to the medical school that conferred or will confer your medical degree? ☐ Yes ☐ No  
If Yes, indicate on a separate sheet of paper the name of the school(s) from which the credits were transferred, the number of credits transferred, and the course titles for all credits transferred.

#### 25. EMPLOYMENT — Present employment only:

Institution/Company \_\_\_\_\_ Position \_\_\_\_\_ Beginning Date \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

PART C CONTINUES ON PAGE 7.

Name: DASRATH, ANAND EMANUEL  
(Last, First, Middle - as entered in item 4)

Enter your USMLE/ECFMG Identification Number, if one has been assigned to you:

07041627**PART C — MEDICAL EDUCATION AND EMPLOYMENT INFORMATION****26. CERTIFICATION BY APPLICANT:** Students and graduates must sign the application in the presence of their Medical School Dean, Vice Dean or Registrar. (See 26.2.A below.)

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public. (See 26.2.B below.)

Application forms are to be mailed to ECFMG from the office of the official or notary who witnesses the applicant's signature. All information on the application form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.

I hereby certify that I currently meet the examination eligibility requirements and that the information in this application is true and accurate to the best of my knowledge and that the photograph(s) enclosed were taken within 6 months of the date of this application.

I also certify and acknowledge that I have read the 2006 ECFMG Information Booklet and 2006 USMLE Bulletin of Information, am aware of the contents of both publications, meet the eligibility requirements set therein and agree to abide by the policies and procedures therein.

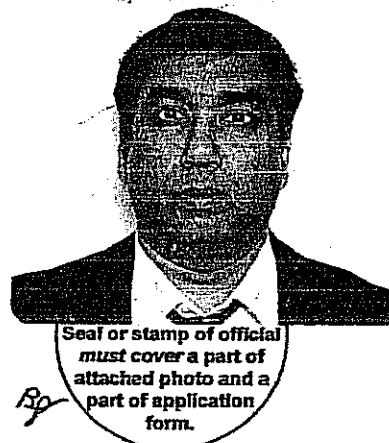
I understand that (1) falsification of this application, or (2) the submission of any falsified documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my answers and those of one or more other participants in that examination, or engaging in other conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action. (See page 35 of the 2006 Information Booklet for additional details concerning Validity of Scores and Irregular Behavior.)

I understand that the Standard ECFMG Certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information, records, diplomas, transcripts and other documents concerning my professional education, academic status or enrollment to ECFMG upon request of ECFMG.

I hereby authorize ECFMG to transmit any information contained in this application, or information that may otherwise become available to ECFMG, to any federal, state or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information. For further information regarding ECFMG's data collection and privacy practices, please refer to our privacy policy available on the ECFMG website at [www.ecfm.org/ann/privacy.html](http://www.ecfm.org/ann/privacy.html).Signature of Applicant (In Latin characters) x Anand Emanuel Dasrath

(Signature must match full legal name as given in PART A-4.)



Seal or stamp of official must cover a part of attached photo and a part of application form.

Certifying official must also complete item 26.2.A or 26.2.B below.

12 03 2006  
Day Month Year**26.2 CERTIFICATION BY OFFICIAL:****26.2.A CERTIFICATION BY MEDICAL SCHOOL OFFICIAL (Must be completed for medical school students):**

I hereby certify that the photograph, signature, and information entered in all parts of Section 23 of this form, including medical school, attendance dates, and status of medical school student (if applicable) accurately apply to the individual named above, and that this individual is: (must check one)

☒ officially enrolled in or ☐ a graduate of the institution indicated below. I have affixed the medical school seal or stamp over a portion of the photograph above.Signature of Medical School Official (In Latin characters) x Bryette Sena20 03 2006Bryette Sena  
Print Name (In Latin characters)**ASSOCIATE REGISTRAR OF CLINICAL SCIENCES**

Official Title (with English translation, if not in English)

Institution

**ROSS UNIVERSITY SCHOOL OF MEDICINE****OR****26.2.B CERTIFICATION BY OFFICIAL IDENTIFICATION (Pertains to graduates only):**

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements in this document are subscribed and sworn to before me by the applicant

on this \_\_\_\_\_ day, of the month of \_\_\_\_\_, in the year \_\_\_\_\_

X

Signature of Consular Official, First Class Magistrate, or Notary Public (In Latin characters) Title (with English translations, if not in English)

**27. CLINICAL CLERKSHIPS — Continue on a separate sheet of paper, if necessary:**

| Clinical Discipline | Hospital/Clinic | Location (exact address) | Supervising Physician | Dates of Clerkship |
|---------------------|-----------------|--------------------------|-----------------------|--------------------|
|                     |                 |                          |                       |                    |
|                     |                 |                          |                       |                    |
|                     |                 |                          |                       |                    |

**PART D — OTHER EXAM HISTORY AND APPLICANT NUMBERS****28. OTHER EXAM HISTORY and APPLICANT NUMBERS:**

Check below the organizations (other than ECFMG) to which you previously applied for examinations. Enter the date of the most recent examination that was administered to you and the identification number that was assigned to you by that organization.

☐ NATIONAL BOARD OF MEDICAL EXAMINERSApplicant Identification Number:      -      -      -     

USMLE Steps 1/2

Date of Most Recent Examination Taken: Month      Year     Applicant Identification Number:                              

NBME Parts I/II

Date of Most Recent Examination Taken: Month      Year 1 9☐ STATE LICENSING AUTHORITY IN THE UNITED STATESFIN - Federation Identification Number:                              

FLEX

Date of Most Recent Examination Taken: Month      Year 1 9





**School of Medicine  
Office of the Registrar**

Campus: PO Box 266, Portsmouth, Dominica, West Indies  
Administrative Offices: 499 Thornall Street, 10<sup>th</sup> Floor  
Edison, NJ 08837-2235  
TEL: (732) 978-5300 FAX (732) 978-5306  
Email: Registrar@rossmed.edu  
www.rossmed.edu



**ROSS**  
UNIVERSITY

June 29, 2006

Dear Anand E Dasrath:

I regret to inform you that effective immediately you have been Administratively Withdrawn from Ross University, School of Medicine for failure to register for the May 2006 AICM course. RUSM policy dictates that students must successfully complete the AICM course and pass USMLE Step 1 before advancing into the clinical curriculum. In order for a student to remain enrolled with RUSM, they must either be registered for courses and/or registered for the Boards. Once a student becomes inactive, they are Administratively Withdrawn from RUSM.

Please be advised that if you are a recipient of federal guaranteed student loans, we must inform your lender(s) that you have not attended Ross University since the last day you attended classes or rotated in a clinical clerkship. The impact of your withdrawn status on your federal guaranteed student loans will depend on your specific situation, applicable regulations and the terms and conditions of your loan(s).

Should you ever wish to resume your studies at Ross University School of Medicine, you will be required to submit an application for re-admission to the Admissions Department and be reviewed by the Admissions Committee. To do so, please complete an Admissions application, indicating the reasons of your withdrawal, and submit it to the Admissions Office.

Best wishes in your future endeavors.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Rendon".

Michael Rendon  
University Registrar

Cc: Bursar  
Financial Aid  
Clinical Department





**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Voice - (212) 264-3313, (800) 368-1019  
TDD - (212) 264-2355, (800) 537-7697  
(FAX) - (212) 264-3039  
<http://www.hhs.gov/ocr/>

**OFFICE OF THE SECRETARY**

**Office for Civil Rights, Region II**  
**Jacobe Javits Federal Building**  
**26 Federal Plaza, Suite 3312**  
**New York, NY 10278**

**FEB 04 2009**

Mr. Anand Dasrath  
89-25 209 Street  
Queens Village, New York 11427

Re: Transaction Number 09-93406

Dear Mr. Dasrath:

Thank you for your letter of complaint to the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), against the Ross University School of Medicine (the University). In your complaint, you allege that you were discriminated against on the basis of age. You state the University withdrew you from the medical school and blocked the release of your score for the United States Medical Licensing examination.

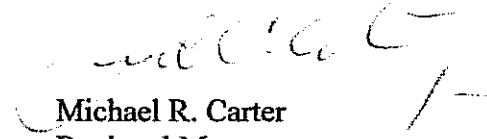
OCR is responsible for enforcing a variety of Federal civil rights laws that prohibit discrimination and for protection of the privacy of medical records. Specifically, OCR has jurisdiction over programs and entities that receive Federal financial assistance from HHS in cases involving discrimination based on race, color, national origin, age, disability and under certain circumstances, sex and religion. Additionally, OCR has jurisdiction over health and human service programs operated by HHS or by state and local public entities in cases involving disability-based discrimination. OCR also has jurisdiction over health plans, health clearinghouses and certain health care providers with respect to enforcement of the Federal standards for privacy of individually identifiable health information ("the Privacy Rule," 45 C.F.R. Parts 160 and 164, Subparts A and E).

In a telephone conversation with an OCR investigator on February 2, 2009, you were advised that OCR normally can accept complaints that are filed within 180 days of an alleged discriminatory act. Your complaint alleges that the discrimination by the University occurred in the spring of 2006, which is more than 180 days before you filed your complaint. The information you provided is not sufficient to extend the 180 day deadline for filing.

Under the Freedom of Information Act, it may be necessary for OCR to release this document and related correspondence and records upon request. In the event OCR receives such a request, we will seek to protect to the extent provided by law, personal information the disclosure of which would constitute an unwarranted invasion of privacy.

We are sorry that we are unable to provide you with further assistance. If you have additional questions or concerns, please contact Nida Marrero, Investigator at, (212) 264-2074.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael R. Carter", with a stylized flourish at the end.

Michael R. Carter  
Regional Manager  
Office for Civil Rights





JON S. CORZINE  
GOVERNOR

**STATE OF NEW JERSEY**  
OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION ON CIVIL RIGHTS  
TRENTON, NJ 08625-0089

ANNE MILGRAM  
ATTORNEY GENERAL  
  
C. CARLOS BELLIDO, ESQ.  
ACTING DIRECTOR

February 6, 2009

ADDRESS REPLY TO:

Anand Dasrath  
89 - 25 209 Street  
Queens Village, N.Y. 11427

- ☐ **Bureau of Policy**  
P.O. Box 089  
Trenton, NJ 08625-0089  
609-984-7091
- ☐ **Mediation Unit**  
P.O. Box 46001  
Newark, NJ 07102  
973-648-2700

**Bureau of Enforcement**

- ☐ **Atlantic City Office**  
26 S. Pennsylvania Ave. 3rd Fl.  
Atlantic City, NJ 08401  
609-441-3100
- ☐ **Camden Office**  
One Port Center  
2 Riverside Drive  
Suite 402  
Camden, NJ 08103  
856-614-2550
- ☐ **Newark Office**  
P.O. Box 46001  
Newark, NJ 07102  
973-648-2700
- ☐ **Paterson Office**  
100 Hamilton Plaza, 8<sup>th</sup> Fl.  
Paterson, NJ 07505-2109  
973-977-4500
- ☐ **Trenton Office**  
PO Box 090  
Trenton, NJ 08625-0090  
609-292-4605
- ☐ **Centralized Intake Bureau**  
P.O. Box 089  
Trenton, NJ 08625-0089  
609-292-2918
- ☐ **Housing Investigations Unit**  
PO Box 090  
Trenton, NJ 08625-0090  
609-292-4605

Dear Anand Dasrath:

Your recent correspondence has been received in the Division on Civil Rights (DCR).

For your information, the Division is mandated to enforce the Law Against Discrimination (LAD), N.J.S.A. 10:5-1 et. seq., which prohibits discrimination in the areas of **employment housing, public accommodations (such as motels and restaurants), credit and contracting**. Prohibited bases of discrimination include race, creed, color, national origin, sex, ancestry, marital status, disability, sexual orientation, nationality, liability for service in the U.S. Armed Forces, age (employment, credit, and contracting only) and familial status (housing only).

The Division is also empowered to enforce the Family Leave Act (FLA), N.J.S.A. 34:11B-1 et. seq. The FLA provides a leave for up to 12 weeks from your place of employment to care for a newly born or adopted child; or for a parent, spouse, or child under the age of 18 with a serious health condition.

The LAD and FLA authorize the Director to investigate claims of discrimination under these two statutes and provide compensatory and injunctive relief where the Director finds a violation.



However, based on the information provided in your letter, we are unable to determine if you have the basis to file a complaint under the provisions of the LAD or FLA.

Please contact the Trenton Regional office to speak with an Intake Investigator at 609-292-4606. You may also visit the office between the hours of 9:00 A.M. and 4:30 P.M., which is located at 140 East Front Street, 6<sup>th</sup> Floor, Trenton, NJ 08625.

Thank you for bringing this matter to our attention.

Sincerely,

A handwritten signature in black ink, appearing to read "Philip E. Freeman/gm". The signature is fluid and cursive, with a large, stylized "P" and "F".

Philip E. Freeman  
Assistant Director  
Central Intake Bureau

PEF/gm